

# Foster Family Home - Deficiency Report

**Provider ID:** 1-230005

**Home Name:** Kevin Jay Tagala, CNA

**Review ID:** 1-230005-7

94-618 Hiahia Place

**Reviewer:** Ryan Nakamura

Waipahu HI 96797

**Begin Date:** 10/10/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/10/2024).

CCFFH applied to increase to 3 bed CCFFH.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence provided by CCFFH of CG#2, HHM#2, and HHM#4 completed CCFFH's confidentiality/privacy training.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.(b)(8): No evidence provided by CCFFH of current CPR/first aid training completed by CG#2. No documentation provided.
- 41.(b)(8): No evidence provided by CCFFH of current first aid training for CG#4. Training was due by 4/30/2024.
- 41.(b)(8): Evidence of lapse of bloodborne pathogen/infection control training for CG#4. Training was due by 1/5/2024 and completed 4/24/2024.
- 41.(c): No evidence provided by CCFFH of CG#5 completed minimum 8 hours of annual in-service training in 2023.
- 41.(e): CCFFH applied for increase to 3 beds. CG#2, CG#3, and CG#4 are not approved to be 3 bed substitute caregivers.
- 41.(g): No evidence basic caregiver skills were checked by client #2's case management agency for CG#2.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

- (3P)(a)(4) Staff: CCFFH applied for increase to 3 beds. No documentation of minimum 1 year work experience provided for CG#2, CG#3, CG#4, and CG#5.

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

- 43.(c)(3): No documentation provided by CCFFH of RN delegation of tasks by client #2's case management agency were given to CG#2. No caregivers received RN delegation for rectal suppository medication administration by client #2's case management agency.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of CG#5 conducted at least one fire drill in the past 12 months.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation provided of physician order of use of bed side rails for client #1 and client #2.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No evidence provided by CCFFH of written adverse event reports of hospitalizations occurred on 7/16/2024 and 7/26/2024 for client #1.

## Foster Family Home

## Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(4) Client's emergency management procedures;

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(b): Progress note entries for client #2 entered in blue ink. No signatures noted of any entries for client #1 and client #2.

54.(c)(2): No signature noted by client/POA for client #1 and client #2's current service plan.

54.(c)(4): No documentation provided by CCFFH of client #1 and #2's emergency procedures.

54.(c)(5): Discrepancy noted for 1 medication dosage on client #1's medication administrative record (MAR) compared to medication label.

54.(c)(8): No documentation provided by CCFFH of client #1 and #2's inventory of personal belongings.



Compliance Manager



Primary Care Giver

10/10/24  
Date  
10/10/24  
Date